

PERSONNEL ACTION NOTICE

New/Rehires complete all information blocks. For data changes, complete only applicable fields.

Please indicate the required personnel action:

NEW HIRE

REHIRE

DATA CHANGE

PERSONAL PROFILE

Last Name: _____ First Name & Middle Initial: _____

Employee ID: _____ Birth Date: ____/____/____ Birth Country: _____

Gender: Male Female **Marital Status:** Single Married **Student Data:** Half-time Student

EMAIL/PHONE: (optional)

Phone Number (Home): _____ Phone Number (Cell): _____

Email Address: _____

US LOCAL STREET ADDRESS:

Street Address: _____

City: _____

State: _____ Zip: _____

County: _____

MAILING ADDRESS:

Same as Local

Street Address: _____

City: _____

State: _____ Zip: _____

County: _____

EDUCATION LEVEL:

Less than HS Diploma

High School Graduate or Equivalent

Some College

Technical School

2-Year College Degree

Bachelor's Degree

Some Graduate School

Master's Level Degree

Doctorate (Academic)

Doctorate (Professional)

Post Doctorate

Other: _____

MILITARY STATUS:

Armed Forces Service Metal Veteran

Service Medal & Other Veteran

Military Discharge Date: _____

No Military Service

Veteran of the Vietnam era

Other Protected Veteran

Vietnam & Other Protected Veteran

DISABILITY STATUS:

No Disability

Disabled

Disabled Veteran

ETHNIC GROUP:

(1) Are you Hispanic or Latino?

Yes; I am Hispanic or Latino

No; I am not Hispanic or Latino

(2) What is your race? *Select one or more:*

American Indian or Alaskan Native

Native Hawaiian/Other Pacific Islander

Asian

White

Black/African American

EMERGENCY CONTACT:

Name: _____

Relationship to Employee: _____

Phone Number: _____

Same Address/Home Phone as Employee? Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

I hereby certify that all of the above information is true and correct.

Signature: _____

Date: _____

UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT / PLASTIC PAY CHECK FORM

(A VOIDED CHECK FROM THIS ACCOUNT OR BANK CERTIFICATION SHOULD BE INCLUDED WITH THIS REQUEST)

Employee Information

First Name: <input style="width: 95%;" type="text"/>	MI: <input style="width: 20px;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>
Email Address: <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>	
Employee ID: <input style="width: 95%;" type="text"/>	Social Security #: <input style="width: 95%;" type="text"/>	

****Employee ID or Social Security Number required.****

Direct Deposit - see back of form for bank number and routing information

Primary Account: (Balance deposited after other deposit options)

Bank Name: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change
Bank Address: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> No Change	<input type="checkbox"/> Stop
Account #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #: <input style="width: 95%;" type="text"/>		

****Required - Select Checking or Savings****

I prefer to get a plastic pay card rather than Direct Deposit

Set Account Amount(s):

If you have more than 3 accounts, please complete an additional form.

Bank Name: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change
Bank Address: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> No Change	<input type="checkbox"/> Stop
Account #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #: <input style="width: 95%;" type="text"/>		

****Required - Select Checking or Savings****

Dollar Amount:

Bank Name: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change
Bank Address: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> No Change	<input type="checkbox"/> Stop
Account #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #: <input style="width: 95%;" type="text"/>		

****Required - Select Checking or Savings****

Dollar Amount:

The information supplied here will replace any other Direct Deposit information that may already exist in the Payroll files.

I authorize the Treasurer of University of Louisville to direct deposit all payments to me, from the University Payroll or Accounts Payable Office, into my account in the financial institution named above. This authorization will remain in effect until I submit a new form or forms changing this authorization.

Employee Signature _____ Date _____
Signature Required

Return Completed form to Payroll Services: 2215 S Brook Street, Room 223, Louisville, KY
Phone: (502) 852-2978, Fax: (502) 852-4674, Email: payroll @louisville.edu

Please refer to the example below to find the bank routing and account number on your check .

Below is a sample check detailing where the information necessary to complete this form can be found.

DO NOT use numbers from a deposit slip or a debit card number.

NAME ADDRESS CITY, STATE ZIP 0123
01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ []

BANK NAME ADDRESS CITY, STATE ZIP DOLLARS

FOR _____

⑆0 ⑆ 2345678⑆ ⑆ ⑆ 234567890 ⑆ ⑆ 23⑆ ⑆ ⑆ 23

Bank Routing Number Bank Account Number Check Number

Date Activated

Payroll Use Only

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

State Withholding Certificates

Please complete only the state in which you reside.

Last Name: _____ First and Middle Initial: _____
 Home Address: _____ City/State/Zip: _____
 Social Security Number: _____ Employee ID: _____

K-4 KENTUCKY Employee's Withholding Exemption Certificate

County of Residence: _____

	HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS
<p>I certify that I am not subject to Kentucky withholding under the Military Spouses Residency Relief Act. See instructions on the back of Form K-4 before checking this box..... <input type="checkbox"/></p> <p>EMPLOYER:</p> <p>Keep this certificate with your records.</p>	<ol style="list-style-type: none"> 1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" 2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate. <ul style="list-style-type: none"> (a) If you claim both of these exemptions, enter "2" } (b) If you claim one of these exemptions, enter "1" } (c) If you claim neither of these exemptions, enter "0" } 3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents): <ul style="list-style-type: none"> (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" 4. If you claim exemptions for one or more dependents, enter the number of such exemptions 5. National Guard exemption (see instruction 1) 6. Exemptions for Excess Itemized Deductions (Form K-4A) 7. Add the number of exemptions which you have claimed above and enter the total 8. Additional withholding per pay period under agreement with employer. See instruction 1.....\$ _____
<p>I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.</p> <p>Date _____ Signed _____</p>	

WH-4 INDIANA Employee's Withholding Exemption and County Status Certificate

Indiana County of Residence as of January 1: _____ (See instructions)
 Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions	
<ol style="list-style-type: none"> 1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" Nonresident aliens must skip lines 2 through 6. See instructions 2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" 3. You are allowed one (1) exemption for each dependent. Enter number claimed..... 4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. <p>Check box(es) for additional exemptions: You are 65 or older <input type="checkbox"/> or blind <input type="checkbox"/> Spouse is 65 or older <input type="checkbox"/> or blind <input type="checkbox"/></p> <p>Enter the total number of boxes checked</p>	<ol style="list-style-type: none"> 5. Add lines 1, 2, 3, and 4. Enter the total here 6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)..... 7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____ 8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ _____ <p>I hereby declare that to the best of my knowledge the above statements are true.</p> <p>Signature: _____ Date: _____</p>

**Authorized Use Agreement
For Employee Access To
University Business and Student Information Systems**

**Initial By
Each Item**

- _____ 1. I understand that information contained within the University of Louisville (“university”) information systems shall NOT be shared with anyone not currently authorized to receive such information.

- _____ 2. I shall not access, copy, or disseminate university information except to the extent necessary to fulfill my assigned duties and responsibilities and then only to the extent that my access is authorized.

- _____ 3. I shall take appropriate action to ensure the protection and security of the university’s and other information contained within the information system.

- _____ 4. I understand that improper access to and/or unauthorized disclosure of University information could be a violation of state and federal laws. Consequently, I may be subject to civil or criminal liability.

- _____ 5. I understand that improper access to or unauthorized disclosure of University information could subject me to disciplinary action up to and including termination of my relationship with the university.

- _____ 6. I understand that the obligation to maintain security of this information continues beyond the termination of my relationship with the university.

By signing this document, I acknowledge this Authorized Use Agreement and agree to abide by it.

Print Employee Name

Employee Signature

User ID

Date